Day Habilitation Medical Necessity Guideline

Medical Necessity Guideline (MNG) Title: Day Habilitation		
MNG #: 053	**☒ CCA Senior Care Options (HMO D-SNP) (MA)** **☒ CCA One Care (Medicare-Medicaid) (MA)**	**Prior Authorization Needed?** **☒ Yes (always required)** **☐ Yes (only in certain situations. See this MNG for details)** **☐ No**
Benefit Type: **☐ Medicare** **☒ Medicaid**	**Approval Date:** 3/4/2021; 9/14/23	**Effective Date:** 6/19/2021; 9/14/23; 3/31/25; 1/1/26
Last Revised Date: 3/4/2021; 9/14/2023; 12/12/24; 10/22/25	**Next Annual Review Date:** 3/4/2022; 9/14/2024; 12/12/25; 10/22/26	**Retire Date:**

OVERVIEW:
Day Habilitation (DH) services are provided in a community, nonresidential site-based setting for members with intellectual or developmental disabilities who need active treatment. Day Habilitation programs typically run 6 hours per day and are provided Monday through Friday. Through the Service Needs Assessment and the Day Habilitation Leveling Tool, services are based on a Day Habilitation Service Plan (DHSP) that may include skilled nursing services and health care supervision, developmental skills training, therapy services (including PT, OT, ST, and behavior management), and assistance with activities of daily living (ADLs).

DH providers typically provide transportation service to/from individual's residence, including a nursing facility, and DH site either directly or through a subcontractor.

DEFINITIONS:
Activities of Daily Living (ADLs): Fundamental personal care tasks performed daily as part of an individual's routine self-care. ADLs include, but are not limited to, eating, toileting, dressing, bathing, transferring, and mobility or ambulation.
Day Habilitation (DH): A service, for individuals with an intellectual disability (ID) or a developmental disability (DD), that is based on a day habilitation service plan that sets forth measurable goals and objectives and prescribes an integrated program of activities and therapies necessary to reach the stated goals and objectives.
Day Habilitation Admission Services: Services provided to ensure safe and appropriate care planning for day habilitation members enrolling in day habilitation services for the first time
Day Habilitation Re-engagement Services: Services provided to ensure successful re-engagement of members who have not received site-based services during the period of March 24, 2020, through June 30, 2023.
Day Habilitation Service Manager (DHSM): Individual who manages cases, ensuring that members' service plans are implemented, reviewed, updated as appropriate, and maintained.
Day Habilitation Provider (DH Provider): The entity with responsibility for the day-to-day operation of services and

programs subject to 130 CMR 419.000.

Day Habilitation Service Plan (DHSP): A written plan of care for each member that sets forth realistic and measurable member-driven goals that prescribe an integrated program of individually designed activities and/or therapies necessary to achieve these goals. The objective of the plan is to help the member reach his or her optimal level of physical, cognitive, psychosocial, occupational capabilities, and wellness.

Department of Developmental Services (DDS): An agency of the Commonwealth of Massachusetts established under M.G.L. c. 19B.

Developmental Disability (DD): A severe, chronic disability that:

is attributable to other conditions found to be closely related to ID, apart from mental illness, which results in the impairment of general intellectual functioning or adaptive behavior similar to that of persons with ID, and which requires treatment or services similar to those required for such persons;

1. is manifested before a person reaches 22 years of age;
2. is likely to continue indefinitely; and
3. results in substantial functional limitations in **three or more** of the following major areas:
   a. self-care;
   b. understanding and use of language;
   c. learning;
   d. mobility;
   e. self-direction;
   f. capacity for independent living.

Developmental Skills Training: A series of planned, coordinated, goal-oriented services that are designed to maintain or improve the functional abilities of a person with an intellectual or developmental disability. Such services include, but are not limited to, self-help skills, sensorimotor skills, communication skills, independent living skills, affective development skills, social development skills, behavioral skills, and wellness.

Functional Level: The degree to which individuals can perform daily living activities and manage their lives independently. Functional level is measured through professional clinical assessments.

Instrumental Activities of Daily Living (IADLs): Activities related to independent living that are incidental to the care of the member and that include, but are not limited to, household management tasks, laundry, shopping, housekeeping, meal preparation and cleanup, transportation, care and maintenance of medical equipment and adaptive devices, medication management or any other need determined by the DH provider as being instrumental to the health care and general well-being of the member.

Intellectual Disability (ID): A disability characterized by significant limitations in both intellectual functioning and adaptive behavior as expressed in conceptual, social, and practical skills and that originates before the individual attains age 22. The meaning of ID is consistent with the standard contained in the 12th edition of the American Association on Intellectual and Developmental Disabilities' Intellectual Disability: Definition, Classification, and Systems of Supports (2021) or any subsequent publication**.**

Interdisciplinary Team (IDT): The team consists of the Registered Nurse (RN)/health care supervisor, developmental specialist, DHSM, and program director. The IDT must also include the following clinical members: a physical therapist, speech and language pathologist, occupational therapist, and behavioral professional. Other health care professionals may be included, as applicable.

Level II Preadmission Screening and Resident Review (Level II PASRR): A comprehensive evaluation and determination performed by DDS for any individual seeking admission or continued stay in a Medicaid nursing facility, in accordance with 42 CFR 483.100, to determine whether an individual suspected of having intellectual or other developmental disability has

such a condition and if so, whether the individual requires the level of services provided by a nursing facility, and if so, whether specialized services are required.

Leveling Tool: The Leveling Tool determines the member's qualifying needs while at DH, measured by the level of supports needed for the member to acquire, improve, or retain maximum skill levels and independent functioning. Members qualify for day habilitation (DH) services based on the clinical eligibility criteria in regulations at 130 CMR 419.403: Eligible Members. The different levels are as follows.

(A) Level 1. CCA pays the Payment Level 1 rate to DH providers for each date of service billed for a clinically eligible member whose Leveling Tool score identifies them as Level 1.

(B) Level 2. CCA pays the Payment Level 2 rate to DH providers for each date of service billed for a clinically eligible member whose Leveling Tool score identifies them as Level 2.

(C) Level 3. CCA pays the Payment Level 3 rate to DH providers for each date of service billed for a clinically eligible member whose Leveling Tool score identifies them as Level 3.

(D) Level 4. CCA pays the Payment Level 4 rate to DH providers for each date of service billed for a clinically eligible member whose Leveling Tool score identifies them as Level 4. Members who live in an NF and have a Level II PASRR will qualify as Level 4. Members whose SNA demonstrates a need for six hours a day of nursing will be in Level 4 if the nursing services are delivered by the DH; additional documentation regarding nursing duties will be required.

Leveling Adjustment. The skilled service needs related to nursing, performed by a continuous skilled nurse contracted to provide services to an individual member in a one-to-one capacity throughout the entire day, are not considered qualifying DH needs for the purpose of the Leveling Tool.

Member: An individual who is enrolled in the CCA One Care (ICO) or CCA Senior Care Options (SCO) plan.

Nursing Facility (NF): An institution (or a distinct part of an institution) which is primarily engaged in providing skilled nursing care and related services for residents who require medical or nursing care, rehabilitation services for the rehabilitation of injured people, people with disabilities, or sick persons, or on a regular basis, health-related care and services to individuals who because of their mental or physical condition require care and services that meets the requirements of § 1919 (a), (b), (c), and (d) of the Social Security Act and is licensed under and certified by the Massachusetts Department of Public Health.

Primary Care Provider (PCP): A physician, physician assistant, or nurse practitioner who operates under the supervision of a physician.

Resident Integrated Service Plan (RISP): A comprehensive service plan developed by an interdisciplinary team consisting of the DDS service coordinator where applicable, the member (or authorized representative), NF staff representatives, the specialized services provider, and other relevant professionals (such as physical therapists, speech pathologists, occupational therapists, dieticians, and medical staff). The purpose is to address care in all settings for persons with ID or DD who reside in NFs and receive specialized services.

Semi-annual Review: A review of the member's overall progress conducted by the IDT at least every six months. Components of the review can be found at 130 CMR 419.419(C)(3).

Service Needs Assessment (SNA): A compilation of evaluations by the clinical members of the IDT (Registered Nurse, OT, PT, SLP, Behavior Professional). The SNA determines a member's level of functioning, needs, and strengths, and makes specific recommendations for DH to address identified needs.

Significant Change – a major change in the member's status that

(1) impacts more than one area of the member's health status; and

(2) requires the professional interdisciplinary team's review or revision of the DHSP.

Specialized Services: Services specified by EOHHS for an NF resident with ID or DD which, combined with services provided by the nursing facility or other service providers, result in treatment that meets the requirements of 42 CFR483.440 (a)(1).

Transportation: The method by which a member is brought from their home to the day habilitation provider or from the day

habilitation provider to the member's home. Transportation service includes assisting the member while they enter and exit the vehicle, as appropriate. A member's home may include a temporary housing environment such as a shelter or transitional housing.

DECISION GUIDELINES:
Day Habilitation requires prior authorization (PA). Coverage determination is based on medical necessity and member's qualifying needs (Level 1-4) per Leveling Tool. Members may be authorized for Day Habilitation for up to 2 years.

Prior authorizations (PA) must be submitted at the intervals listed below. Providers must assess the member's needs using current Service Needs Assessment (SNA) **and** DH Leveling Tool.

- **Initial authorization:** Prior authorization must be obtained before the first date of service delivery.
- **Interim prior authorization:**
  DH providers may request an interim PA, which may be granted for up to 60 days following a member's admission to DH. This PA type allows the provider an initial assessment period to complete the required SNA and DH Leveling Tool to determine future staffing support needed for the member to fully engage in their DHSP.
- **Re-authorization:** For members with an existing prior authorization, a new authorization request must be submitted at least 14 calendar days before end date of existing authorization.
- **Significant Change in member's status:** A new prior authorization request must be submitted when there is a significant change in the member's status, either permanent or temporary, and the change impacts one or more areas of the member's health status.
- **Transfer from one DH provider to another DH provider:** (Transitioning for one DH program to another within a provider's organization is not considered a transfer.) Day habilitation DH provider must submit a new PA request that complies with the requirements of Interim PA

Clinical Coverage Criteria:

1. Commonwealth Care Alliance (CCA) may cover **Day Habilitation (DH) services** when all the following criteria are met:
   a. The member has a diagnosis of an intellectual disability or developmental disability as defined above and certified in writing by a Primary Care Physician (PCP); **AND**
   b. The member requires Day Habilitation to acquire, improve, or retain their maximum skill level and independent functioning; or
   c. If the Member is receiving hospice services
      i. Clinical criteria 1.a. and 1.b. are met; and
      ii. The DH provider must obtain in writing from the member's hospice provider that DH is not providing services related to the member's terminal illness, and the DH services to be provided are not equivalent to or duplicative of hospice services; or
   d. Member is a resident of a nursing facility; and
      i. It has been determined by DDS via a Level II Preadmission Screening and Resident Review (PASRR) that the member requires specialized services; and
      ii. Member is so medically fragile that transport to a DH provider site outside of the NF

presents a significant risk to the health and safety of the member; or

iii. Member has declined to receive DH at the DH provider's community site; or

iv. DH is the only service available to meet the member's specialized services needs, as determined by the Resident Integrated Service Plan (RISP) interdisciplinary team;

AND

2. CCA will authorize the level of need for each member by considering the following:

a. Member's individualized medical and behavioral needs; and

b. Member's Service Needs Assessment (SNA); and

c. DH Leveling Tool completed and interpreted by the clinical members of the DH provider's interdisciplinary team (IDT).

The DH provider must assess the member's needs using the SNA and the DH Leveling Tool upon admission and at minimum every two years or when there is a significant change in the member's condition. There are four service levels for Day Habilitation.

Prior Authorization Documentation:

1. Documentation of medical necessity for Day Habilitation or Individualized Staffing Supports must include, at a minimum, the following:

a. The member must have a diagnosis of an intellectual disability or developmental disability as defined above, certified in writing by a PCP; and

b. CCA Standardized Prior Authorization Request Form; and

c. Service Needs Assessment (SNA); and

d. Day Habilitation Leveling Tool and

e. Day Habilitation Service Plan; and

f. If requesting services for a member enrolled in hospice, a signed notification from the hospice provider that the DH program is not providing services related to the member's terminal illness.

g. If requesting services for a member residing in a nursing facility, Level II PASRR.

h. Any additional supporting documentation such as behavior support plans, additional medical and clinical documentation.

LIMITATIONS/EXCLUSIONS:

Exclusions:

Commonwealth Care Alliance (CCA) does not cover:

a. Vocational and prevocational training services;

b. Sheltered workshops and other work-related services;

c. Educational services which involve traditional classroom instruction of academic subjects, tutoring, and academic counseling;

d. Day Habilitation services for members who reside in intermediate care facilities for persons with intellectual disabilities;

e. Research and experimental services.

Limitations:

CCA does not cover:

a. Canceled DH sessions
b. DH services when provider has not received prior authorization from CCA
c. DH services when member is inpatient or a resident of a hospital, or intermediate care facility for individuals with intellectual disabilities, except for on the dates of admission and discharge from such facility
d. Portions of the day not spent at the site unless the provider documents that the member was receiving services from program staff in a community setting.
e. DH provided to a member when the member's needs can no longer be met by the DH as determined by the PCP and the professional interdisciplinary team in consultation

CODING:

When applicable, a list(s) of codes requiring prior authorization is provided. This list is for reference purposes only and may not be all inclusive. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment.

- **Refer to MassHealth Provider Manual Series Day Habilitation Subchapter 6: Day Habilitation Service Codes for coding guidance and use of modifiers.**
  https://www.mass.gov/lists/day-habilitation-manual-for-masshealth-providers#subchapter-6:-day-habilitation-service-codes-

CPT/HCPCS CODE	CODE DESCRIPTION
S5100	Day care services, adult; per 15 minutes
S5101	Day care services, adult; per half day
S5102	Day care services, adult; per diem
S5105	Day care services, center-based; services not included in program fee, per diem
T2003	Nonemergency transportation; encounter/trip

REFERENCES:

- Executive Office of Health and Human Services (EOHHS): 130 CMR 419.00 Mass Health Day Habilitation Provider Manual. Accessed November 25, 2024. https://www.mass.gov/doc/day-habilitation-dh-regulations-3/download
- Executive Office of Health and Human Services (EOHHS): 101 CMR 348.00 Rates for Day Habitation Services. Accessed November 25, 2024. https://www.mass.gov/doc/101-cmr-348-rates-for-day-habilitation-services/download
- Mass Health Guidelines for Medical Necessity Determination for Day Habilitation. Accessed November 25, 2024. https://www.mass.gov/doc/guidelines-for-medical-necessity-determination-for-day-habilitation-0/download
- Executive Office of Health and Human Services (EOHHS): Nursing Facility Bulletin 186. Accessed November 25, 2024.

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https://www.mass.gov/doc/nursing-facility-bulletin-186-updates-to-nursing-facility-regulations-preadmission-screening-and-resident-review-pasrr-for-intellectual-disability-developmental-disability-and-serious-mental-illness-0/download

- Mass Health Transmittal Letter DH-34. Accessed December 2, 2024. https://www.mass.gov/doc/dh-34-updates-to-subchapter-6-0/download

Disclaimer

Commonwealth Care Alliance (CCA) follows applicable Medicare and Medicaid regulations and uses evidence based InterQual© criteria, when available, to review prior authorization requests for medical necessity. This Medical Necessity Guideline (MNG) applies to all CCA Products unless a more expansive and applicable CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), or state-specific medical necessity guideline exists. Medical Necessity Guidelines are published to provide a better understanding of the basis upon which coverage decisions are made. CCA makes coverage decisions on a case-by-case basis by considering the individual member's health care needs. If at any time an applicable CMS LCD or NCD or state-specific MNG is more expansive than the criteria set forth herein, the NCD, LCD, or state-specific MNG criteria shall supersede these criteria.

Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. This Medical Necessity Guideline is subject to all applicable Plan Policies and Guidelines, including requirements for prior authorization and other requirements in Provider's agreement with the Plan (including complying with Plan's Provider Manual specifications).

This Medical Necessity Guideline is not a rigid rule. As with all CCA's criteria, the fact that a member does not meet these criteria does not, in and of itself, indicate that no coverage can be issued for these services. Providers are advised, however, that if they request services for any member who they know does not meet our criteria, the request should be accompanied by clear and convincing documentation of medical necessity. The preferred type of documentation is the letter of medical necessity, indicating that a request should be covered either because there is supporting science indicating medical necessity [supporting literature (full text preferred) should be attached to the request], or describing the member's unique clinical circumstances, and describing why this service or supply will be more effective and/or less costly than another service which would otherwise be covered. Note that both supporting scientific evidence and a description of the member's unique clinical circumstances will generally be required.

REVISION LOG:

REVISION DATE	DESCRIPTION
10/22/25	Updated language for consistency with ANOC; changed to "individuals with intellectual disabilities" and "who need active treatment."
12/12/24	Title changed. Template updated. Definitions added and updated Leveling Tool definition to remove previous levels of 'high', 'moderate' and 'low' and add new levels of member's qualifying needs 1-4 and adjustment pertaining to continuous skilled nursing. Removed language applicable to Individualized Staffing Support (ISS) services and In-facility services for skills training and development within a nursing facility. Coding updates: S5105 and T2003 added. T1019 removed. Added reference to Mass Health Day Habilitation Manual.
12/31/23	Utilization Management Committee approval

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9/14/2023	Added a new PA type, Revised template, Revised title of MNG, Revised Overview section, Added Definitions section, Revised titles under Decision Guidelines to better reflect content in each of the sections and added sub sections – Prior Authorization and Prior Authorization Documentation sections, revised Limitations/Exclusion section, Removed Key Care Planning Section, Updated Regulatory Notes Section and Revised Related References

APPROVALS:

Jeffrey Sedlack	Senior Medical Director Utilization Review and Medical Policy
CCA Clinical Lead	**Title**
	10/22/25
Signature	**Date**
CCA Senior Operational Lead	**Title**
Signature	**Date**
CCA CMO or Designee	**Title**
Signature	**Date**